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CONFIRMATION NO. 3919

SERIAL NUMBER 10/766,861	FILING OR 371(c) DATE 01/30/2004 RULE	CLASS 435	GROUP ART UNIT 1641	ATTORNEY DOCKET NO. 26180	
APPLICANTS Mark M. Levy, RaAnana, ISRAEL;					
** CONTINUING DATA ***** This application is a CIP of 10/422,091 04/24/2003					
** FOREIGN APPLICATIONS ***** <i>none</i>					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 06/12/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged <i>Allowance</i> Examiner's Signature Initials		STATE OR COUNTRY ISRAEL	SHEETS DRAWING 3	TOTAL CLAIMS 108	INDEPENDENT CLAIMS 2
ADDRESS AIR MAIL Dr. Mark Levy 34 Etzion Street RaAnana, 43563 ISRAEL					
TITLE Ingestible gastrointestinal device					
FILING FEE RECEIVED 1177	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		